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Authors and acknowledgements

For more in-depth discussion of these findings, please refer to: Skafida, V (2014) Change in breastfeeding patterns in Scotland between 2004 and 2011 and the role of health policy. *European Journal of Public Health* (advanced access, doi: 10.1093/eurpub/cku029).

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Changes in Scottish infant feeding policy and breastfeeding habits between 2004 and 2011

The Scottish Government has, over the last 10 years, introduced a range of breastfeeding-friendly policies. This briefing summarises a research project investigating breastfeeding rates that might have been influenced by these policies. It found that breastfeeding duration improved most among more disadvantaged families in Scotland between the period of 2004-5 and 2010-11.

Background

Among developed nations, Scotland has been at the forefront of public health policies in terms of breastfeeding promotion. Changes have occurred at policy level, in national legislation, in hospital maternity care protocols and in health care staff training (Table 1). One of the key shifts in health service provision for young children in Scotland from 2005 onwards was moving from a model of universalism to one of progressive universalism. This means that although a service is offered to all families, those assessed as being more vulnerable would be offered more intensive support (Wood, et al. 2013). By comparing the lives and habits of families and individuals before and after policies are introduced, it is possible to speculate whether such policies have been driving changes in behaviours. This research aimed to compare infant feeding habits in Scotland in 2004-05 to those in 2010-11 to explore whether significant changes have occurred which could be attributed to the implementation of public-health policy.

The study

Data from the nationally representative Growing Up in Scotland study, were used for this research. This involved using data for 5030 mothers who gave birth to a child in 2004-05, and data for 5838 different mothers who gave birth to a child in 2010-11. For each group, mothers were first interviewed in their homes when their babies were approximately 10 months of age. Mothers were asked a range of questions about their children, and were also asked whether they had breastfed their child, even if only once. Those that reported having breastfed, were asked how long they had breastfed for. Breastfeeding duration, as discussed in this briefing refers to those who exclusively breastfed and/or those who combined breastfeeding and formula feeding. Data on a wide range of family characteristics was collected in the study: Scottish Index of Multiple Deprivation¹ for each family; household income; family composition; maternal education; maternal social class; maternal employment status; maternity leave taken; maternal age at the birth of the study child; ethnicity; whether a language other than English was spoken

Key points

- Mothers from advantaged backgrounds are far more likely to try breastfeeding at least once, when compared to mothers from disadvantaged backgrounds.
- The total number of women who breastfed their babies at least once has increased by only three per cent between 2005 and 2011.
- Mothers from disadvantaged backgrounds are breastfeeding for longer. Mothers with few or no educational qualifications who gave birth in 2011 had a 150 per cent higher chance of continuing to breastfeed for between 6 and 10 months than their peers did in 2005.
- There remain a significant proportion of women who stop breastfeeding within the first month, although this may, in part, be due to more women giving breastfeeding a go. Not having enough milk was the most commonly given reason by mothers for stopping so early.
- Mothers in households where a language other than English was spoken had a four times higher chance of breastfeeding their child compared with mothers in households where only English was spoken.
- Policies supporting breastfeeding, which were introduced in Scotland during the last decade, may have contributed to longer breastfeeding spells among families facing disadvantage.

in the home. By taking these characteristics into account in the analysis, it was hoped that any observed changes in feeding habits could be attributed to factors other than differences in these characteristics between the two groups of mothers.

Findings

Breastfeeding take-up

There was a small increase in the proportion of mothers breastfeeding at least once in 2010-11 compared to 2004-05, from 60% to 63% but this was not statistically significant before or after taking into account family characteristics. In both 2004-

¹The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying those places in Scotland suffering from deprivation. It incorporates several different aspects of deprivation, combining them into a single index.

Table 1: Overview of infant nutrition policies in Scotland before and after 2005

Pre-2005	
•	A National Breastfeeding Adviser was appointed in 1995.
•	The Scottish Breastfeeding Group was launched in 1995.
•	Ready Steady Baby booklet for parents launches in 1998.
•	NHS Scotland worked to promote breastfeeding support groups. By 2004 there were nine breastfeeding peer support programmes and 150 breastfeeding support groups across Scotland.
•	The Integrated Strategy for Early Years launched. This focused on improving support particularly for vulnerable children and their families.
•	Service provision primarily based on ‘universalism’ ideals.
2005 and later	
•	Breastfeeding etc. Act (2005) – legislation. Scotland is the first nation where a mother’s right to breastfeed is protected by law.
•	An Infant Nutrition Co-ordinator was appointed in 2008.
•	The Maternal and Infant Nutrition Strategy is launched.
•	The Maternal and Early Years website is launched in 2010 which provides updated information to early years professionals on topics including breastfeeding.
•	The latest Off to a Good Start booklet for parents provides information and contact details for several networks and resources, many of which web-based, to which parents can turn to for additional advice on breastfeeding.
•	Gradual change to ‘progressive universalism’ implementing extra support targeted to those most in need.
Table adapted from Skafida (2014)	

05 and 2010-11, mothers from more advantaged backgrounds were more likely to try breastfeeding at least once. Mothers with no qualifications had an 80% lower chance of breastfeeding at least once, compared to mothers with degree level education, and this was consistent for both the 2004-05 group and 2010-11 group of mothers. Mothers in households where a language other than English was spoken were far more likely to have breastfed their child compared with mothers where only English was spoken.

Breastfeeding duration

Among mothers who did breastfeed, mothers in 2010-11 were more likely to stop breastfeeding within the first month, compared to mothers in 2004-05. However, when looking at breastfeeding for longer than one month and up to 10 months, this trend reversed, and mothers in 2010-11 breastfed for longer than mothers in 2004-05. Mothers giving birth in 2010-11 who did manage to breastfeed beyond the first month had a 25% higher chance of breastfeeding for longer compared to mothers in 2004-05.

One reason why mothers in 2010-11 were more likely to stop breastfeeding sooner during the first month could be that in 2010-11 a larger proportion of mothers actually gave breastfeeding a go. It is possible that mothers who were already less likely to breastfeed for medical, practical or work related reasons or personal preference, were more likely to try breastfeeding in 2010-11, albeit less likely to manage to continue breastfeeding past the 1 month mark. Overall however, more mothers in 2010-11 were managing to breastfeed for longer, particularly among more disadvantaged groups.

Mothers of children born in 2010-11 said that “not having enough milk” was the most common reason for stopping to breastfeed (30% reported this). Since this question was not asked for mothers who gave birth in the 2004-05 group, it was not possible to look at differences between groups.

A particularly positive change in breastfeeding duration was achieved by mothers with fewer and no qualifications. For example, when looking at those who breastfed for over 6 months and up to 10 months, mothers with no educational qualifications from the 2010-11 group had a 150% higher chance of breastfeeding for longer during this period compared with their 2004-05 counterparts with similar education backgrounds. This finding is also illustrated in Figure 1, which maps how the overall proportion of mothers breastfeeding over a 10-month period changed with time for mothers of different educational backgrounds in 2004-05 compared to 2010-11. Whereas the two black lines show that there has been very little change for mothers with degrees between 2004-2011, the two grey lines show that breastfeeding duration among mothers with no educational qualifications have changed substantially during this period, with mothers in 2010-11 with no educational qualifications breastfeeding for longer than their peers in 2004-05.

It is possible that changes in breastfeeding related legislation, health policy, maternity care and culture in Scotland have had more influence on disadvantaged populations. This would be welcome news, since typically, the social groups most in need of public services are those who generally benefit from them the least (Watt 2002). These results coincide well with other studies which argue that universal policies to address health-related issues are most appropriate for reaching out to disadvantaged

social groups (Benach et al. 2012). It is possible that progressive universal policies adopted in Scotland from 2005 onwards (Wood et al. 2013) may have been partly responsible for the positive change in breastfeeding habits among less advantaged mothers.

Conclusion

This research suggests that universal policies backed up by supporting legislation can help improve the health behaviours of socially disadvantaged groups in society. In Scotland, it appears that pro-breastfeeding policy and legislation may have improved breastfeeding duration, particularly among disadvantaged families. Breastfeeding take-up and duration rates in Scotland and the UK are still lower than in other European countries. The highest breastfeeding take-up rates are in Norway, Denmark and Sweden (at 98–99%, 2006–07 data, OECD figures) which are countries with generously funded universal and comprehensive health and maternity care services.

Policy and practice implications

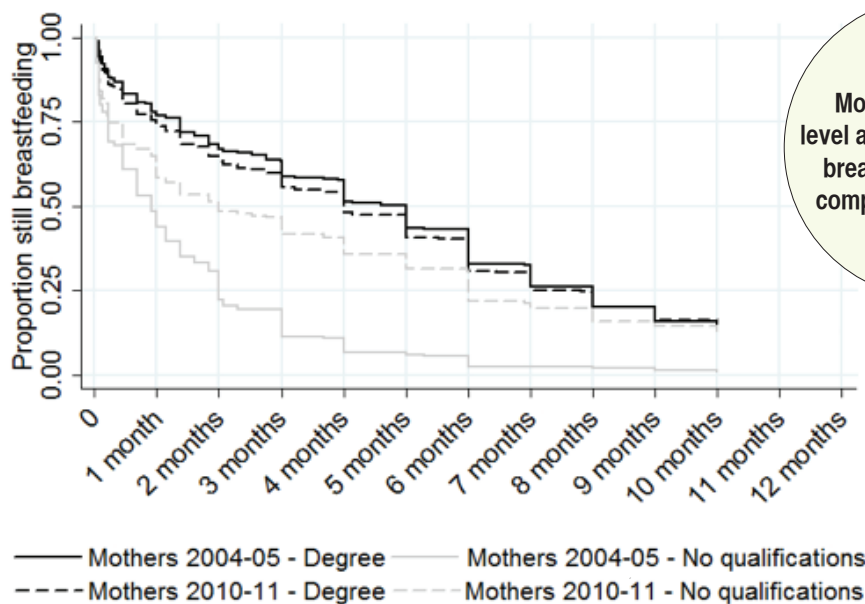
The Scottish Government has focused heavily on promoting breastfeeding in the past 10 years. Evaluating the effect of these policies is difficult, and little work has been done in this area. This research lends support to the idea that progressive universal health policies may be able to change the health behaviours of disadvantaged populations. Any change in policy should be accompanied by appropriate collection of relevant data both before and after implementation to allow for proper policy evaluation.

How does this research contribute to what we already know

Before this study most of the research about breastfeeding was from other countries, and focused on areas, hospitals or workplaces rather than whole countries. Some of this research did suggest that introducing national policies might help, especially for those least likely to breastfeed. This research provides important new insights into what is going on in Scotland and whether Scottish Government policies to increase breastfeeding are working or not.

“ This study used data from the Growing Up in Scotland study to compare two different groups of mothers, one of which gave birth in 2004/05 and the other in 2010/11. Although the increase from 60 to 63% in starting breastfeeding between the two groups was not statistically significant, the study shows an encouraging trend in breastfeeding in mothers from educationally disadvantaged backgrounds. Compared to 2004/05, in 2010/11 these mothers were more likely to breastfeed for longer, with obvious health benefits for the baby, both short and longer term. The findings in the report support the range of policies introduced in Scotland since 2005, including the Maternal and Infant Nutrition Strategy, which aim to ensure that all children have the best possible start in life. ”

Dr Aileen Keel CBE
Acting Chief Medical Officer



Note: Table adapted from Skafida (2014). Mothers in 2004-05 (N:1355); Mothers in 2010-11 (N:1955). Adjusted for covariates: SIMD, maternal age, NS-SEC, Equalised income, family composition, maternal ethnicity, if other language spoken, maternal employment status.

